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PTO/SB/17

Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

Complete if known

Application Number **10/577,135**
Filing Date **04/25/2006**
First Named Inventor **MATSUMOTO et al.**
Examiner Name **Peselev, ELLI**

☐ Applicant Claims small entity status. See 37 CFR 1.27

Art Unit **1623**

TOTAL AMOUNT OF PAYMENT **(\$ 180)**

Attorney Docket No. **VX062735 PCT**

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = 0	x	\$52	= \$0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = 0	x	\$220	= \$0			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = 0 / 50 = _____ (round up to a whole number) x Fee (\$)

Fee Paid (\$)
\$0


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **Information Disclosure Statement Fee pursuant to 37 CFR 1.17(p)**

\$180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,701	Telephone (703) 707-9110
Name (Print/Type)	DAVID G. POSZ	Date	July 8, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



This Form Based on PTO/SB/21

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/577,135
Filing Date	04/25/2006
First Named Inventor	Hitoshi MATSUMOTO
Group Art Unit	1623
Examiner Name	PESELEV, ELLI
Attorney Docket Number	VX062735 PCT

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Form PTO-1449-PLG [listing 4 references (2 foreign patent references and 2 non-patent references) and 1 foreign communication]
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Copy each of 4 references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	Copy of foreign communication dated May 14, 2009
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC
Signature	
Date	July 9, 2009



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): MATSUMOTO et al.

Serial No.: 10/577,135

Filed: 04/25/2006

Title: TYROSINASE ACTIVITY INHIBITOR
AND AMELIORANT FOR FACIAL
BLOOD FLOW

Atty. Dkt.: VX062735 PCT

Group Art Unit: 1623

Examiner: PESELEV, ELLI

Commissioner for Patents
Alexandria, VA 22314

Date: July 9, 2009

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §1.56, the reference(s) listed on the attached Form PTO-1449 is/are being brought to the attention of the Examiner without any admission that it/they constitute(s) statutory prior art, or without any admission that it/they contain(s) subject matter that anticipates the invention or renders the invention obvious to a person of ordinary skill in the art.

Further, pursuant to 37 C.F.R. §1.97(e), the undersigned hereby certifies that the listed reference(s) was/were first cited in a Communication (copy enclosed) from a foreign patent office in connection with a counterpart foreign application not more than three months prior to the filing of this statement. Please note that WO 03/053336 A, one of the references cited in the foreign communication, was already disclosed in the Supplemental Information Disclosure Statement filed on March 19, 2009.

The Examiner is requested to initial the attached PTO Form-1449 and return a copy of same to the undersigned attorney as proof that the listed reference(s) has/have been considered and made of record.

As a Final Office Action on the merits has been mailed in the above identified application on March 15, 2007, the fee due under 37 CFR 1.17(p) is enclosed. Please charge any additional fee to Applicant's attorney's Deposit Account No. 50-1147.

Respectfully submitted,

David G. Posz
Reg. No. 37,701

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